T.O.F.M R.C.

Medical Coverage Briefing

Designated Medical Coverage Support at outlying Areas

At each Railhead/Airhead Locations

Require 1 ATLS team with the following 1-PA,(1-Treatment NCO)91B30,3-(Medical Specialist) 91W plus Trauma/Treatment MES Set, 2-996 or 997 HMMV Ambulances with(1-Evacuation NCO), 91W20 and 3-Medical Specialist.

Mission to perform Routine medical operations, Emergency medical treatment at railhead as needed, Evacuation of patients to next higher level of medical care.

Designated Medical Support for RUBA/Fort Irwin Elements

Elements stationed within the Fort Irwin Area need to have designated medical support. Elements exceeding 250 personnel should have the following for treatment capabilities.

1-ATLS Crew consisting of 1-Doctor, (1-Treatment NCO)91B30,3-(Medical Specialist) 91W plus Trauma/Treatment MES Set, 2-996 or 997 HMMV Ambulances with(1-Evacuation NCO), 91W20 and 3-Medical Specialist –91W.

#X-91W with aid bags to provide platoon level medical care

(Using the X multiply by the # of platoons or elements consisting of 30 personnel working in stand alone locations, I.e. 3 platoons=3 medics)

Designated Level 2 Health Care

For service members on Fort Irwin requiring emergency and routine Health care above the units treatment capabilities these will be available at Weed Army Community Hospital.

EMS response activated by 911 from military phone, or 760-380-4327 from cell phones

For service members stationed at Yermo / Victorville.

-Routine Level 2 care at WACH the unit must ground evac.

-If emergency medical care is needed at these locations, the units will use the nearest facility, I.e.

Yermo-Barstow Community Hospital

Victorville- Saint Mary's,Victor Valley

EMS response activated by 911 at these locations

POC Emergency Room OIC WACH is 380-6358

Designated Privileged Providers

Recommendation-To assist the unit in treating the patients the units may send a JCAHO credentials transfer brief on each provider they would like to privileged to use the facility. This will expedite the soldiers care and allow for continuity of care for the service member by his provider. This should be a physician assigned to provide care from the post treatment element of the TOFM .

POC QA Credentials Coordinator WACH Quality Assurance Office: Barb Teach at 380-5388

Designated Class VIII Account Locations

Recommendation: Permanently establish a Class VIII account through the Reserve Component Support Command. This allows for Class VIII re-supply to be controlled at local levels with permanent budget to be maintained by the RCSC. This eliminates multiple signature cards with each TOFM and less clearance procedures. In addition to local re-supply this would also provide the units to re-supply using the WACH established prime vendors for a 48 hour turnaround on most needed medications. In addition this allows for a local POC that can pickup pending deliveries with a POC phone number.

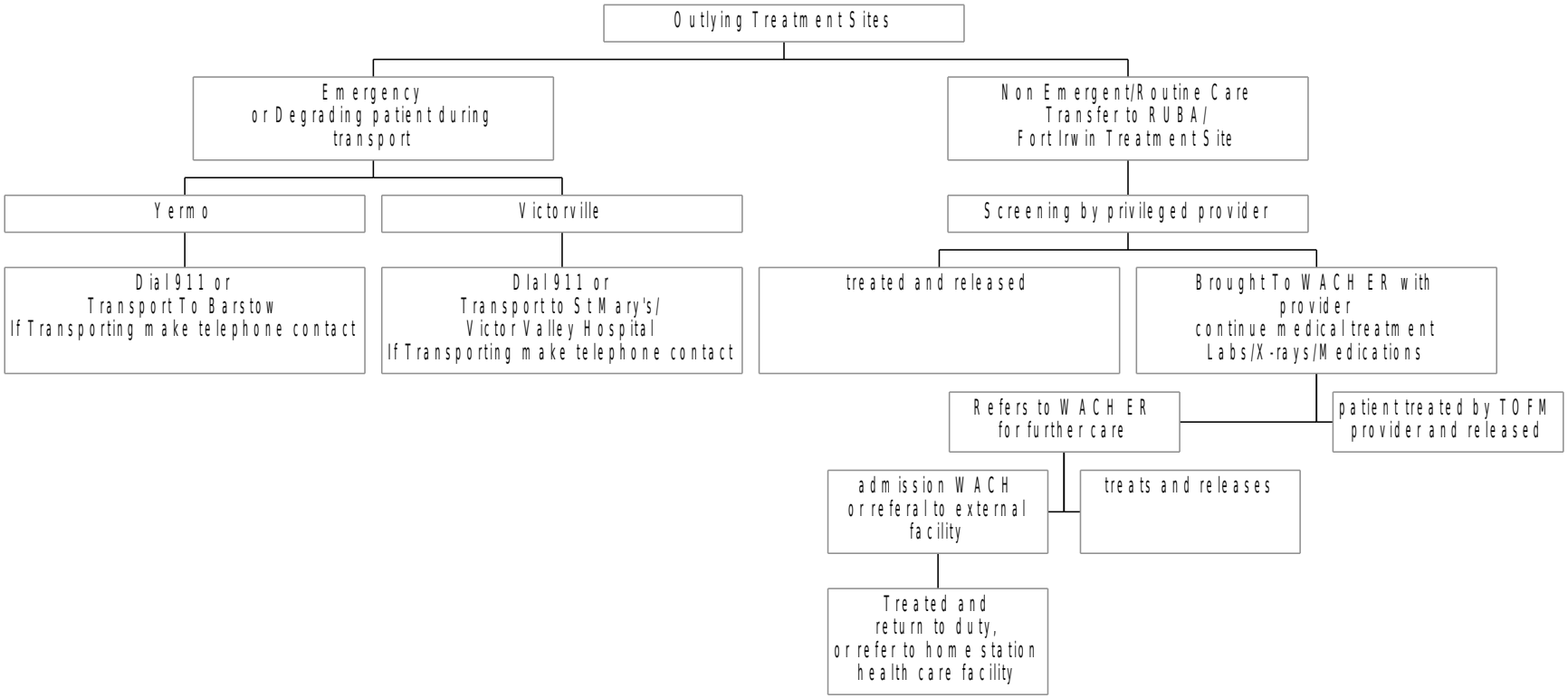
POC for Interaction OIC WACH Medical Logistics 380-6696

Designated LOD Chain For Pad

Designate a unit POC within unit to act as a liaison to assist the WACH PAD office, to ensure all LOD's and any accompanying paperwork/records are returned to the soldiers and their custodian of medical records for documentation of injuries/illness. (This would also assist in records dispersal for soldiers that are AT as OPFOR Augmentees.)

POC for Interaction: NCOIC WACH PAD office at 380-7569

Treatment Chain


Outlying Treatment Sites
Emergency or Degrading patient during transport
Non Emergent/Routine Care Transfer to RUBA/ Fort Irwin Treatment Site
Yermo
Victorville
Screening by privileged provider
Dial 911 or Transport To Barstow If Transporting make telephone contact
Dial 911 or Transport to St Mary's/ Victor Valley Hospital If Transporting make telephone contact
treated and released
Brought To WACH ER with provider continue medical treatment Labs/X-rays/Medications
Refers to WACH ER for further care
patient treated by TOFM provider and released
admission WACH or referal to external facility
treats and releases
Treated and return to duty, or refer to home station health care facility

Interaction with A/C unit supported

Recommendation- Cross communication with AC rotation would allow for DSA support from the (-)DAS MSMC (This is a Corp level asset that is the administrative medical support element for each AC Rotation). If the TOFM is providing Medical coverage at the Railhead/Airhead sites the AC should augment medical care with assigned privileged provider. This requires interaction at the RCSC/TOFM Commander level.

Preventive medicine measures

Recommend the following:

Assign or attach one 91S series soldier to accompany taskforce to ensure proper sanitation measures are used. In the event of a future deployment as a lead element in theatre a 91S would help insure proper sanitation of water/food/preventative medicine measures are used.

Upon arrival of TOFM coordinate with WACH Preventive Medicine team to arrange for interim checks at all sites and allow assigned 91S the opportunity to receive a site medical threat orientation and known deficiencies issues with local contractors/food supplier etc.

Air Evacuation

Any and all Air evacuations to and from Fort Irwin will be flown by USAAAD Fort Irwin the 247th Desert Dustoff .

Any need for Air Evacuation will be routed through Range Control via FM 38.900 communicated in Plain Text non frequency hop. Communication format will be the standard 9 line Medevac request format. Desert Dustoff seldom flies routine evacuations as the priority for flights goes to urgent and priority patients injured in the training area, Fort Irwin access road and as back up coverage for the surrounding state and county agencies.

Ground Evacuation

Soldiers requiring Medical Ground Evacuation means to and returning from outlying facilities will be transported by the WACH ER Staff.

Soldiers required to visit outlying facilities that do not meet Medical attendance requirements (must have care performed) during transport can use the Fort Irwin Shuttle system or if for expedite reasons or Mental health issues exist these will be transported by the TOFM Unit.

Recommend the TOFM element have 1 GSA/TMP vehicle to use for this purpose given the ground distance required to drive.

LNO Team

Recommendation: To ensure the tracking, data entry, all care rendered by privileged provider is performed in a timely manner recommend the assignment of (1) 91W20 or above and (1) 91W10 to perform the following duties. Assist in patient tracking, patient data entry into the CHCS system, perform any and all needed medical functions within their MOS. If females are assigned to the TOFM element, recommend at least 1 91Wseries that can assist the privileged provider in completing chaperoned procedures for female patients. Soldiers will be housed at nearest TOFM unit location, and be required to alternate 12 hour shifts at the WACH ER.

This will benefit the soldiers with MOS proficiency training that is required to maintain medical skills.

Total Support Requirements

Each Railhead/Airhead facility:

2- HMMV Ambulances w/Crews (1-91W50,391W10) (996/997 configuration with complete ambulance MES)

1-Treatment Squad (1-physician or PA, with treatment team(1-91W50,391W10), Treatment team MES (Sickcall and Trauma)to include tentage)

RUBA/FT Irwin

2- HMMV Ambulances w/crews(1-91W50,391W10) (996/997 configuration with complete ambulance MES)

1-Treatment Squad (1-physician with treatment team(1-91W50,391W10), Treatment team MES (Sickcall and Trauma)to include tentage)

1-91S series Preventative Medicine specialist.

1-91W20 or higher (LNO Team)

1-91W10 (LNO Assistant)

1-91J (Medical Supply Specialist)

1-91G (Patient Administration specialist)

1-OIC (MSC OFFICER)

1-TMP Vehicle

POC Phone numbers on Station

MEDDACCDR	4-3108	
DENTAC CDR	4-4990	
DCCS	4-3110	
DCA	4-3108	
C, DON	4-3116	
US Army AA Det	4-3082	
PAD	4-3162	
CSD	4-3110	
ER, DON	4-3777	
Prev Med		4-5328
LOG	4-3911	
NTC Surgeon Office	4-3741	
NTC Surg. Web-site:	www.irwin.amedd.army.mil/ntcsurg	

Additional Items

Provide WACH PAD an ALPHA roster of rotational personnel by unit to insure records and treatment data are routed to proper locations. Distribution 1 Copy WACH ER, 1 Copy WACH PAD (This will include RC Components supporting OPFOR Elements)

Recommend TOFM elements bring a Dental treatment team as an addition to previous requirements for elements in excess of 250 personnel. Previous DNBI maintained here reflects this as a need based upon RC Rotations it has not been addressed, and has been assumed we can provide the coverage. However, the same case by case issue exists in that the soldiers will be treated only on an emergency basis here at the NTC Dental Clinic. This would insure that the soldiers would receive care during their AT. The POC for dental is OIC at 380-4990.